DOCUMENT RESUME

ED 153 734 PS 009 897

TITLE Guidance in Individual and Family Assessment for the Child and Family Resource Program: A Child and Family Resource Program Guidance Paper.
INSTITUTION Dingle Associates, Inc., Washington, D.C.
SPONS AGENCY Administration for Children, Youth, and Families (DHEW), Washington, D.C.
PUB DATE Apr 76
CONTRACT 105-76-1110
NOTE 26p.; Filmed from best available copy

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Early Childhood; Family Life; Family Problems; *Family Programs; Family Role; *Federal Programs; Formative Evaluation; Individualized Programs; Interagency Coordination; *Needs Assessment; Program Descriptions; *Program Planning; *Social Services; Staff Orientation; Teamwork
IDENTIFIERS *Child and Family Resource Program

ABSTRACT

This paper describes the assessment procedures used by the Child and Family Resource Program (CFRP) to identify and address the needs of families and of individual family members. CFRP was developed as part of the Head Start Improvement and Innovation effort to provide individualized comprehensive developmental services to families with children under 8 years of age. The paper is divided into eight sections. Section I presents the background and objectives of the CFRP system. Section II provides the rationale for the assessment of family needs. Section III describes the assessment procedure, which consists of four steps: enrollment/preassessment, development of a family action plan, implementation and follow-up, and reassessment of progress and needs. Sections IV and V list the objective and subjective data to be gathered about the family prior to the development of the family action plan. Section VI describes the composition of the assessment team. Section VII describes the anticipated effects of the assessment process in 27 areas of family life. The final section of the paper lists the staffing and training needs of the program for the development of adequate assessment staff. (ED)

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GUIDANCE IN INDIVIDUAL AND FAMILY ASSESSMENT FOR THE CHILD AND FAMILY RESOURCE PROGRAM:

A CHILD AND FAMILY RESOURCE PROGRAM GUIDANCE PAPER

April, 1976

Submitted by

Dingle Associates, Inc.

As part of

Contract No. HEW-105-76-1110

to

Child and Family Resource Program
Office of Child Development
Office of Human Development
Department of Health, Education, and Welfare
P.O. Box 1182
Washington, D. C. 20013

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Foreword

This paper represents the culmination of efforts during 1975 by staff of the 11 Federally-funded Child and Family Resource Programs, national Office of Child Development staff, staff of Dingle Associates, Inc. (CFRP's technical assistance contractor), and staff of Children (1st) First, Inc. (Home Start Training Centers' technical assistance contractor).

The initial draft of the paper, based on input from local CFRPs at workshops held in 1974 and early 1975, was written by Mr. Howard Lesnick, consultant to Dingle Associates, Inc. and Dr. Jim Gage, Acting Director, CFRP and Home Start Training Centers from March 1975 to January 1976. Following intensive review by local CFRPs and a meeting held in July, 1975 to discuss needed revisions and changes, Ms. Sherry Kapfer rewrote and edited various portions of the paper to incorporate suggestions made. In September, 1975, OCD staff, Dingle Associates, Inc. staff, and consultants met to discuss the paper and it was decided to distribute the paper to CFRP staff for further comment at a November, 1975 meeting.

Throughout its development, the paper was reviewed by Dr. Gage and other OCD personnel, who worked closely with Dingle Associates, Inc. staff and consultants.

Although we recognize that this paper is in no way a "final word" on the subject, we do feel that it represents a good "first cut" at dealing with individual and family assessment. We hope the paper will be useful at least to the 11 Child and Family Resource Programs, and perhaps to other child development programs as well.

Ruth Ann O'Keefe

Ruth Ann O'Keefe, Ed.D.
Director, Child and Family Resource Program

April, 1976

I. INTRODUCTION

A. Background

In recent years, the Office of Child Development (OCD) has launched several research and demonstration efforts which have produced significant findings related to the development of young children and their families. Each of these programs, along with Head Start, has used a specific approach to the delivery of child development services. Until recently, no attempt was made to incorporate the positive features of each approach into a single program or linked program network which provides continuity of comprehensive services to eligible families who have children within the 0-8 age range.

The Child and Family Resource Program (CFRP), part of the Head Start Improvement and Innovation effort, was funded in July 1973 to provide comprehensive developmental services to families and their children from the prenatal through the early school years. Eleven (11) CFR Programs were funded (one in each of the ten HEW regions, plus one in the Indian and Migrant Program Division of OCD). Funding is anticipated for a period of four years. In addition, two regions (VI and X) are each supporting a CFRP from their regional funds.

B. Key Features

In accordance with the CFRP Guidelines,* the purpose of each CFR Program is to provide an integrated delivery system of comprehensive services to children and families on an individualized basis. It is expected that such a system can be replicated or adapted by other Head Start programs in the future. Relevant features can also be implemented by other child and family development programs and can serve as models for more effective and responsive service delivery networks for communities.

The Child and Family Resource Program:

- serves eligible children from birth through 8 years of age and their parents
- provides a comprehensive developmental program with a wide range of services based on individual assessment of strengths and needs of each child and family
- develops a multidisciplinary and flexible system for service delivery based on the premise that no single approach is universally suited to all low-income children
- focuses on the family as the basic unit of the CFRP system in order to provide resources, assistance, guidance, and support as needed

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*Office of Child Development, Child and Family Resource Program: Guidelines for a Child Development-Oriented Family Resource System. DHEW Publication No. (OCD) 73-1051, Washington, D. C., 1973.

- promotes continuity of comprehensive services available to children which are suitable to different needs at each level of development by the creation of a linked program network which incorporates Head Start, services similar to those demonstrated in other OCD projects (such as Parent and Child Centers and Home Start) and other community-based programs serving children and families (such as prenatal and well-baby clinics and day care centers)

C. Objectives

Major objectives of CFRP as stated in the Guidelines are to:

1. Individualize and tailor programs and services to children and their families.

2. Link resources in the community so that families may choose from a variety of programs and services while relating primarily to a single resource center for all young children in the same family.

3. Provide continuity of resources available to parents, enabling each family to guide the development of its children from the prenatal period through their early school years.

4. Enhance and build upon the strengths of the individual family as a child rearing system, with distinct values, culture, and aspirations. CFRP attempts to reinforce these strengths, treating each individual as a whole, and the family as a unit.

D. The CFRP System

The CFRP is a child-centered family service system based on the idea that in order to meet the needs of children, CFRP should work with families in identifying and developing their strengths so that families may better meet their own needs. Thus, Child and Family Resource Programs (CFRPs), using Head Start as a base, help provide those family support services which are crucial for, and directly related to, the sustained healthy growth and development of the children in the family. And one way they do this is by linking families and family members to existing resources while, at the same time, helping agencies coordinate and integrate services to better serve enrolled families. The development of the family unit into a more effective child rearing system is the ultimate goal of the program.

The CFRP system is concerned with providing guidance, support, and assistance to the family unit as well as to individual family members. This approach differs markedly from that which many social agencies take wherein one agency provides one service to one individual while paying little attention to the effect this delivery of service might have on other family members or on the total family unit.

However, before services can be delivered, individual and family needs for these services must be identified and put into priorities. Assessments of family and individual strengths and needs, and other relevant data, are therefore vital. To be effective, this assessment would involve all family members and would also be concerned with the family as a total unit.

The CFRP assessment process, which is the subject of this paper, is considered to be at the very heart of the CFRP system. All other aspects of the system relate to it, and in a very real sense, the CFRP system is only as good as its assessment process.

II. RATIONALE FOR ASSESSMENT

The rationale for including assessment as an integral part of CFRP is founded in research and successful practice. Further, a substantial body of research has been assembled recently which indicates the need to develop a perspective on education which recognizes the major role parents play in the development of their children.

A recent survey of early intervention research projects by Bronfenbrenner* indicates that the family is the most effective and economical system for fostering and sustaining the development of the child. Results of this survey indicate further that the involvement of the child's family as an active participant is critical to the success of any early education program. Without such family involvement, any effects of intervention are likely to disappear fairly soon after the program ends. By contrast, the involvement of the parents as partners in the endeavor provides constant reinforcement to the effects of the program while it is in operation, and is a sustaining factor after the program ends.

Further support for the need for this broader view may be found in the research of Schaefer, White, and Jencks.** Schaefer, for example, suggests that parents have great influence upon the behavior of their children, and that programs which teach parents skills in educating their children are viable supplements to, or alternatives for, preschool education. Child development research now suggests, according to Schaefer, that academic education in the schools will not solve the problems of low achievement of disadvantaged youngsters. The Jencks study states that we have placed too great an emphasis upon the benefits

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*Bronfenbrenner, Urie. A Report on Longitudinal Evaluations of Preschool Programs, Volume II; Is Early Intervention Effective? Office of Child Development, DHEW Publication No. (OHD) 74-25, 1973.

**Schaefer, Earl S. "Parents as Educators: Evidence from Cross-Sectional, Longitudinal and Intervention Research." Young Children, April 1972. National Association for the Education of Young Children, Washington, D. C.

White, Burton L. and Watts, Jean Carew. Experience and Environment. Volume I. Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1973.

Jencks, Christopher and others. Inequality: A Reassessment of the Effect of Family and Schooling in America, Basic Books, Inc., New York, 1972.

which accrue as a result of schooling, and not enough upon the important learnings gained from the continued interactions with persons in the family setting.

The research studies mentioned [illegible] are representative of numerous others which could be cited. Taken together, they present an overwhelming body of evidence to support the broader, more comprehensive approach which the Child and Family Resource Program takes. They also provide support for the need to assess the total family and each of its members, not just the pre-school members or just the adults.

The CFRP system, to be complete, must have all its component parts. The assessment process is the first and most critical part and has been included in the CFRP Guidelines (pp. 10, 12) as one of the required services.

The need for comprehensive assessment is also essential. Inherent in this comprehensive assessment is the fact that there is probably no one individual who possesses all the knowledge and experience necessary to make it. The Guidelines, therefore, provide for an assessment team.

> The assembly of an assessment team, composed of competent and qualified professionals from the disciplines of health, early childhood education, family life education, mental health and social work will be of critical importance. How this team will be organized, and how it will function, must be a vital part of the project design.... (Guidelines, p.12)

Successful practice reflects the wisdom of including individual and family assessment as an important and integral part of the system. When the assessment process has been comprehensive, has involved assessment team members representing relevant disciplines, and has involved families in a sensitive manner, then significant benefits have accrued not only to families but to CFRP staff as a planning tool and to the community resource people who were involved. Families have gained confidence in their abilities to effect change, to take positive action, to react more responsively to children, to relate positively to their environment, and to function as positive child-rearing units. Staff and community people have come to a better understanding of low-income people and have both given and gained deeper insights into the whole area of social service delivery. (These are only examples; many others could be listed.) It is sufficient to say that any lasting, positive change which the Child and Family Resource Program is able to effect will probably be attributable, in large measure, to a successful assessment procedure.

III. ASSESSMENT PROCEDURE

The processes followed in the assessment procedure are as varied as are the programs which engage in them. It is not the purpose of this paper to dictate each step which must be followed; there are obviously variations which may be followed while a program still retains an effective assessment process. However, experience based upon successful practice shows that there are key elements which must be included or followed if a comprehensive and inclusive assessment plan is to be implemented in a program.

Inherent in this process is the need for an in-house communication system to enhance the family involvement process. The family must be involved continually so that family members are a part of the process. A workable communication system which ensures significant family involvement in the assessment process should be developed.

Following is a list of elements which are considered essential to the CFRP assessment procedure. It is important that each one be considered and included at some point in the assessment. (The order of the elements in Section A may vary, based upon local recruitment policies.)

A. Enrollment/Preassessment

1. Initial contact is established with the family. Family eligibility will be based upon the following minimum written criteria: family income, presence of children in the age range of prenatal through eight, and willingness of families to participate in the program.

2. Discussions are held regarding an introduction to and explanation of the program, the family's expectations of the program, and, in turn, the program's expectations of the family. These should also include a statement of limitations as to what the program can and cannot be.

3. The family makes a statement of interest or intent to participate in the program.

4. Both the family and the CFRP make a statement of commitment and explain what this commitment means on the part of both parties. (This statement of commitment may also be included when the tentative Family Action Plan is developed.)

B. Development of Family Action Plan

1. Assessment team will begin work during this phase.

2. Formalized data collection is begun. Some informal data have already been gathered and several visits have taken place between the family and the staff person with primary responsibility for contacting that family. During these visits, families have been assisted in meeting immediate and crisis needs, and appropriate referrals have been made in these cases.

3. Families are involved in the assessment process. It is important to plan with, not for, the family.

4. An initial statement is made by the family of its goals, strengths, and needs. At this point, the process would have a family focus. Examples of a given family's individual strengths should be identified; at times these will be related to accomplishment of a particular family's goals.

5. The assessment team, in conjunction with the family, prioritizes goals and needs and establishes a work plan.

6. A tentative Family Action Plan (FAP) is developed.

7. A thorough discussion of the tentative FAP is held, including a time frame for meeting goals and a description of roles and responsibilities of the family, program, and agency. The plan must be accepted by both parties or revised if necessary.

8. It is recommended that the family receive a copy of the approved FAP.

C. Implementation/Follow-Up

1. Referrals are made. This assumes that prior contact has been made with the various community resources, that a particular service is available to a given family, and that community resources are prepared to offer such services.

2. Follow-up is begun. Appropriate staff personnel check with families and various community resources to ensure that services are being delivered when and as promised.

3. Periodic and continuous progress reviews are conducted (at least quarterly) to update the FAP in light of services delivered and important events occurring in the family. It is important to note that at any given point in time, probably no single FAP will be complete because all the necessary data will not be available. As additional data become available, plans will need to be updated and changed. It is also important to recognize that as families become appropriately interdependent* the program should learn how to "let go." This will involve gradually limiting contact with a family.

D. Reassessment

Reassessment involves development of a new FAP based on (1) accumulated data, (2) analysis of the original FAP and the positive and negative aspects of the implementation of that plan, both for staff and families, and (3) emerging goals as stated by individual families. (An assessment team must, of course, be involved in the development of any new FAP. See Section III.B. above.)

On the following page, Figure 1 summarizes most of the information presented in this section. Figure 2 shows a schematic representation of the assessment process.

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*The words "appropriate interdependence" are used in lieu of "independence" in recognition of the fact that, literally speaking, personal independence is neither necessarily desirable nor always possible in a society such as ours. "Appropriate interdependence" is used here to connote movement away from regressive, growth-inhibiting dependence. It further connotes such indicators of positive functioning as reciprocal, mutually supportive relationships, initiation of agency contacts on one's own behalf, etc.

FIGURE 1

ASSESSMENT PROCESS OUTLINE

I. ENROLLMENT/PREASSESSMENT

A. Family is enrolled.

B. Family develops a clear understanding of CFRP concept.

C. Necessary individual and family information is collected.

D. CFRP and family make statements of commitment.

II. DEVELOPMENT OF FAMILY ACTION PLAN

A. All necessary data are available, a true family profile exists. CFRP assists family in meeting needs which arise initially or on a crisis basis and CFRP staff make appropriate referrals.

B. A comprehensive assessment team is involved. All components are involved in the assessment process, including the family.

C. Family Action Plan (FAP)

1. Goals and objectives are stated and prioritized.

2. A tentative FAP is developed.

3. Families, program, and agency make a commitment to the FAP, or revise as needed.

4. A realistic time frame is established and responsibilities are delineated for the implementation of the FAP.

III. IMPLEMENTATION/FOLLOW-UP

A. Referral and follow-up are done.

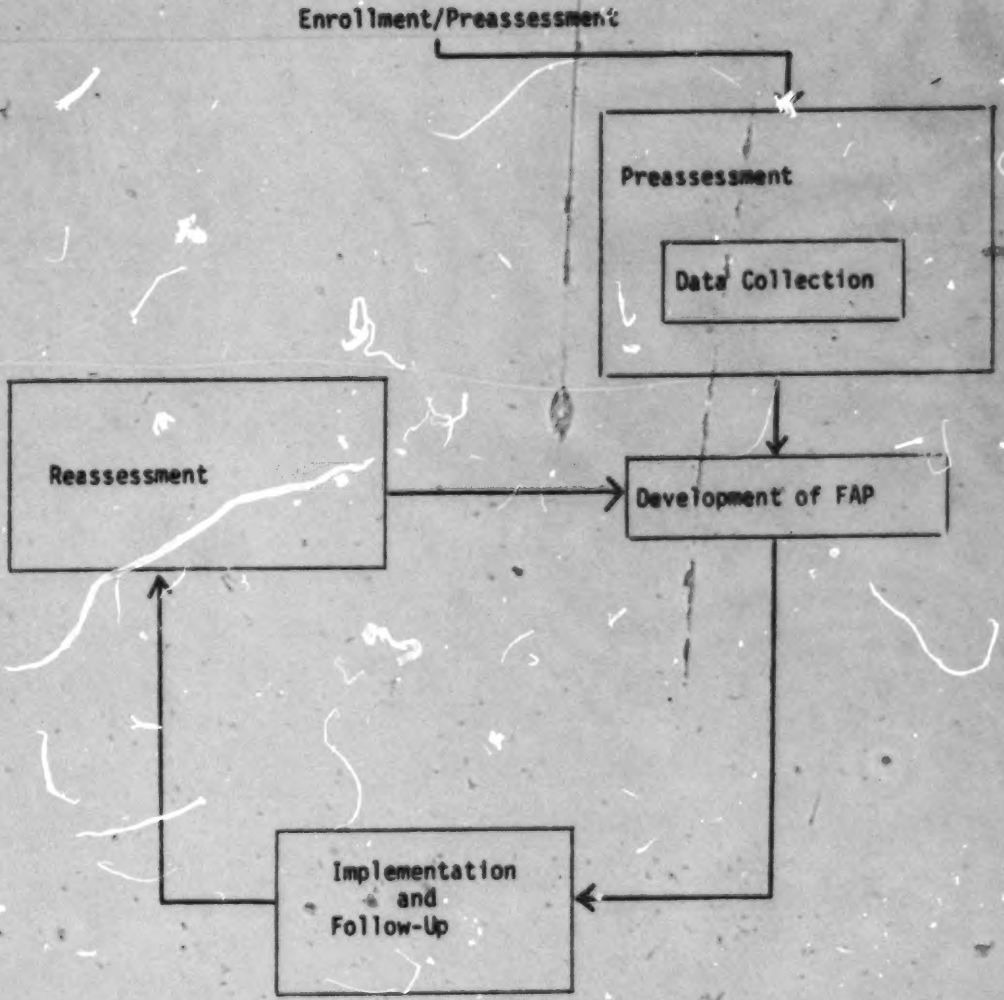
B. Continuous and periodic reviews of progress are conducted (at least quarterly) to update the FAP.

IV. REASSESSMENT

Continuous reassessment is done, beginning with II. above, and new or revised FAPs are implemented.

FIGURE 2

SCHEMATIC REPRESENTATION OF ASSESSMENT PROCESS



IV. OBJECTIVE DATA TO BE COLLECTED

Before a valid Family Action Plan can be developed with the family, certain factual data must be collected and organized in a manner which provides an accurate profile of that family. In addition, objective data on participants should be collected to help form an overall picture of the program. The various forms which are developed to collect objective data on families and individuals ideally should be planned so that there is little or no overlap of data collected and so that the data collection process consumes as little of the families' time as possible. The process generally extends over several home visits.

Below are examples of certain basic demographic data which should be collected in the enrollment/preassessment phase and will be useful to programs.

A. Number of families enrolled in the program: subcategories broken out as to:

1. Race/Ethnicity
   a. white
   b. black
   c. Spanish-speaking, Mexican Americans, Puerto Ricans, etc.
   d. Native Americans
   e. Other
2. One- or two-parent homes
3. Number of children in the prenatal through eight age range broken out by 0-3 months, 3-6 months, 6-9 months, and then by years (1, 2, 3, etc.). The number of pregnant women should also be included.
4. Number of children in total family
5. Income- (a) % below the poverty line
   (b) % over income
   (c) % receiving food stamps
6. % of families whose primary language is not English by primary language
7. % of families who leave the program during the year by reason for leaving

B. Number of families enrolled who were not originally enrolled in Head Start, were referred by other agencies, or were recruited directly by CFRP.

C. Characteristics of adults in terms of:

1. age

2. sex

3. education

4. employment status

5. other information such as number of pregnant mothers, marital status, health, etc.

D. Characteristics of children in terms of:

1. age

2. sex

3. each child's relationship to head of household

4 years of preschool experience

5. number of all handicapped children enrolled, including:

mentally retarded

hard of hearing

deaf

speech impaired

visually handicapped

seriously emotionally disturbed

crippled

health impaired or otherwise handicapped which requires special education or other special services (e.g., learning disabilities)

E. Health and nutrition status

1. Family health profile

2. Specific information on children in the prenatal through eight age range (including dental records, immunization records, information describing handicapped children, etc.)

3. Nutritional profile of family

F. Access of families to transportation

This list is not intended to be inclusive, but only representative of the kinds of data which should be collected. Additional data important to the development of FAPs and for program operation could include information, profiles, evaluations, etc., coordinated or collected by other referring agencies.

V. IMPORTANT SUBJECTIVE DATA TO INCLUDE

Information of a less objective nature is crucial to an assessment of a family and should be collected by a CFR Program. Although they are subjective, these data are extremely important in order to round out a family's profile. By their very nature, subjective data are more open to various interpretations and must, therefore, be collected by a skillful person. The assembly of attitudes, feelings, speculations, etc. in the hands of an unskilled person could give a distorted or inaccurate picture of a family and thereby do considerable harm. Further, a recent court ruling requires that records kept by programs and schools must be made available on request to the parents of children on whom the records are kept. KEEP JUDGMENTS OUT OF YOUR WRITTEN RECORDS.

Most subjective data are collected through the recording of informal conversations observations, and interviews with various individuals. Intensive training for staff in observation skills, interviewing techniques, and analysis of available data is necessary. Following is a list of subjective data areas which may provide useful information:*

A. Family and staff perceptions of:

1. family relationships and roles

   a. sibling relationships

   b. child to parent

   c. parent to child (would include child-rearing practices and skills)

   d. parent to parent

   e. extended family relationships

   f. feelings of self-worth

   g. areas of leadership or leadership potential

*See Exhibit I, page 16, as an example of the type of information that could be collected in the assessment process.

2. Relationship of family and family members within the community
   a. agencies
   b. schools, church, law enforcement, municipality, etc.
   c. neighborhood
3. Family's patterns of living
   a. life style
   b. cultural and ethnic implications
   c. opportunity for being alone
   d. feelings about such things as
      (1) housing
      (2) employment
      (3) education
   e. value system
   f. budgeting - ways in which money is spent and spending priorities
   g. coping ability of family
   h. focus of responsibility
   i. leisure time activities
4. Attitudes about health and nutrition
   a. illness behavior
   b. alcoholism and drug abuse
   c. mental health
   d. sleep patterns
   e. accident and injury
5. Aspirations, goals, and hopes for the future, including indicators of a family's growth toward independence

The format for the collection of subjective data would, of course, be at the discretion of the program. BUT IT CANNOT BE TOO STRONGLY STRESSED THAT THE COLLECTION OF SUBJECTIVE DATA MUST BE HANDLED WITH GREAT CARE due to (1) the possibility of misinterpretations; (2) the necessity of maintaining the confidentiality of information collected about a family; and (3) the fact that sometimes records may be shared with parents, and even at times subpoenaed by court order.

VI. COMPOSITION OF AN ASSESSMENT TEAM

The requirement for an assessment team within CFRP has been stated elsewhere in this paper. The composition, responsibilities, and function vary from program to program. This section presents a composite picture of a CFRP assessment team and describes significant aspects based upon the experience of the 11 operating CFR Programs.

There appear to be four basic developmental roles or steps to assessment as it relates to the assessment team:

- Step 1 - Involves data collection, which is being done by a variety of people in each of the CFR Programs. The data collection is most frequently done by the person who has primary contact responsibility for the family. The supervisor reviews the information with the data collector, and appraises and makes some decisions based upon the assembled information. There are a number of variations among programs, but the collection and appraisal of data by program staff occurs in each CFRP. At this time the composition of the assessment team should be determined in conjunction with (or with input from) the family.

- Step 2 - Involves a team consisting of a core of staff and/or consultants in specialty areas as needed (for example, in education, social work, psychology, psychiatry, medicine, dentistry, and nutrition). This team meets with the family in some instances. It is not particularly effective for this ongoing team to have as regular members people from community agencies who are not able to make a commitment of time to the process. The teams that have worked most successfully seem to have been those which had paid consultants and/or staff members as regular members of the team.

- Step 3 - (An optional but recommended process). Involves community service agencies represented on the team for an examination of specific problems as needed. CFRPs using this technique find it to be an effective method of linking services and providing for community responsiveness. In some programs, the team meets to discuss the FAP, but does not always meet with the family. Then one representative or staff member meets and works with the family, based on the team's evaluations and recommendations, and a FAP is finalized.

- Step 4 - Involves the family's presence when the entire team meets (in some programs). In those CFRPs where the family sits down with the entire team and participates in their own "staffing" or planning meeting, there was initial concern that the family would find this process too threatening. Programs using this method report that this approach does work successfully but that care must be taken in structuring the meeting. Some specific steps include (a) preparing the family with information about who will attend and giving them a choice in this -- e.g., who, beyond the regular team members, they would like to have present; (b) ensuring that the family is familiar with the physical setting of the meeting; (c) providing for the participation in the meeting of the CFRP staff member with whom the family feels most familiar; and (d) ensuring that in the meeting the team members are sensitive to the immediate needs, strengths, and current situation of family members.

  CFRP families who have participated in two or more of their own assessment and planning meetings report that the process becomes easier with each one, and that they value the opportunity to sit down with a group of concerned "experts" and discuss their hopes, problems, and concerns.

Whether or not the family is present, an important aspect of the process is to ensure that the family is involved in every step. Various staff may meet with the family before a plan is developed, and specialists involved in the "staffing" may talk with them before the final plan is developed.

It is also important to note that a "plan" is not made for the family, as a result of the assessment process. Elements are brought into the FAP process by members of the team, but the plan is determined by the family with assistance from CFRP personnel after all relevant data have been received.

The assessment and planning process is the key to the growth of effectiveness for a family. A family providing a primarily positive developmental environment for children will want to hear recognition and reinforcement of that fact by a group of people who have taken a careful look and can provide that reinforcement objectively. A family whose functional skills need substantial improvement is very likely aware of at least some of its problems. Discussion about them will probably not be a surprise and is usually accepted if a constructive plan of action and appropriate training or support are offered. A family whose effect on its children is seriously destructive or negative is both the most difficult to approach and the most critical to reach. In this situation also parents are usually aware of their problems on at least some level. Here the assessment process can be a vital tool in helping a family confront itself with the realities of its own child-rearing environment.

The Child and Family Resource Program places its faith in the family as the social unit bearing primary responsibility and offering the greatest hope for producing successfully functioning children. Therefore, CFRPs have a commitment

to deal with families who are destructive in their child-rearing behavior. Causes for a family's (or parent's) problem must be examined and identified, but it may be necessary to intervene in a constructive, helpful, but sometimes necessarily forceful manner to assist children in jeopardy. The assessment process that includes the family in each step offers the most supportive and creative method of intervention.

Intervention, of necessity, continually changes the dynamics of a family. These changes may be both positive and negative as they affect the total family and the various individuals in that family. Thus, the people involved in the assessment process should be those with the greatest understanding and best knowledge of life experiences, including how to deal with those experiences. These people should have the greatest sensitivity in hearing people and should know the directions in which to move after they have heard. A paraprofessional may have knowledge about the hidden messages a family or individual is sending, but may have difficulty interpreting these messages. By sharing with a more experienced professional, the paraprofessional can receive help in the interpretation of these messages. By focusing on the team approach in the assessment process, a program will be able to encompass as many strengths as possible.

VII. ANTICIPATED EFFECTS OF THE ASSESSMENT PROCESS

As a result of the assessment process, several effects can be expected in CFRPs. This section does not attempt to delineate all possible outcomes, but merely provides a general framework of effects to be anticipated.

A. A program assessment plan, defining staff areas of responsibility, time frames for achieving goals, specified services to be provided, staff training needs, outside resources to be used, etc.

B. Awareness that in some instances, additional expertise may be needed before a decision or conclusion can be reached. Some family problems may be more complex than a program is prepared to handle, and additional professional support may be necessary.

C. A learning process for the family. As a result of assessment, family members are learning to be aware of their own strengths and needs, and they are learning to recognize alternatives and make choices which affect their lives positively.

D. An increase in community awareness and responsiveness to the needs of low-income families.

E. Increasing awareness of deficiencies in community services and analysis of service patterns in the community (including gaps, overlaps, etc.).

EXHIBIT 1

PRESENTATION ON CHILD/FAMILY NEEDS ASSESSMENTS*

The following 27 "action systems" are seen as characterizing or describing families and family members. The presenters discussed each of the 27 areas, and how information related to each can be developed over a period of several months, and used to plan and work with each family.

1. Identity

What do you feel are your good points? weak points?
What things make you feel good? feel bad?
Is there anyone who makes you feel "special?" How?
Does anyone often seem to be or indicate a feeling of being "picked on" or left out? How?

2. Hospitality

Is your family comfortable having program staff member(s) in the home?
Are friends and neighbors invited into the home to visit?

3. Friendship

What behavior changes would you like to see?
What do you think are the good points about your family? weaknesses about your family?
Would you like your family to be different? How?
Do you have the same friends or different ones?

4. Extended Family

Problems and concerns of persons important to the children but living outside the household.
Others living in the home and their influence and role.

5. Leisure Time Activities

How do family members do things together?
Does the family feel that there are enough opportunities for recreation for all family members?
What things do you like to do together?
How would you like to do these things together?
How is leisure time spent (by father? by mother? by children?)

6. Celebrations

How does your family celebrate birthdays, anniversaries, special occasions?

*Presentation made by Joan Cromer and Ruth Vance, Gering, Nebraska CIRP, at the Home Start Training Center workshop held in Milwaukee, Wisconsin, April 5-9, 1976. This was based on the concept "Family Action Systems" developed by psychologist, Dr. George Witt.

EXHIBIT 1 (continued)

7. Quality Control

Attitudes about quality of spouses
Care taken of material goods

8. Teamwork

How does your spouse back you in your decisions or help you carry them out?
How do you support your spouse's decisions?
What things do you like to do and how do you like to do these things together best?
How does your spouse back you in your decisions on things such as money management or child rearing?
Does the total family share responsibilities and have assigned tasks and follow through?

9. Food

Does your family feel it eats well and has a balanced diet?
Do financial problems create lack of food? How?
Does your family receive (or want to receive) food stamps now?
Does your family want to learn more about nutrition or food preparation? How?

10. Clothing

How are clothing needs being met?
Include care of clothing -- (laundry and repair)
Are family members interested in selection and/or construction of clothing?
Is there adequate storage for clothing?

11. Sleeping

Sleeping arrangements (who, where)
Sleeping patterns: number of hours; regularity

12. Shelter

Adequacy for size of family
Condition
Condition of neighborhood
Need for repairs
Need for furniture
Play area for children
at home
in nearby area/park

13. Home Management

Housekeeping: Attitudes and skills
Outdoor area: Cleanliness, safety, and upkeep

EXHIBIT 7 (continued)

14. Administration of Funds

Family attitudes about money
Spending patterns (credit, cash, etc.)
Who controls the family funds?
Is saving important?
Children and money management

15. Transportation

Is there a problem -- if so, what?
What means of transportation is (are) used?

16. Employment

How are working family members satisfied with employment?
Are non-working family members interested in employment? How?
Employment patterns:
  length of time employed
  reasons for leaving
Interest in employment training -- new opportunities

17. Illness Behavior

Family attitudes about illness of themselves or other family members
Fears of illness or treatment
Handicapping conditions
Problems related to drugs including alcohol

18. Personal Appearance and Hygiene

19. Prevention of Illness, Accident or Injury

Physical safety of home and surroundings
  such as fire hazards, precautions taken to make home safe.
How does the family see the need to visit medical professionals when they are well? (i.e., physical exam, pap smear, dental checks, immunizations)
Illness prevention: clothing, diet, sleep, heating, etc. appropriate for season, etc.

20. Child Rearing

Parenting skills and knowledge
Does the family have problems finding satisfactory child care?
Parents' relationship with each child
How do parents feel they are getting along with each child?
Discipline problems?
What measures of discipline are used?
Is there time set aside when the children have your undivided attention to play, read stories, talk, etc.?

21. Coping with Problems in Living

Capacity to withstand pressure
Loving or caring relationships within the home
Reaction to stress
How does the family go about problem solving?
To whom do family members go to share serious problems -- to talk about activities, problems, kids, work, neighborhood?

22. Sexual Relationships and Activity

How is sex education handled in the family?
Family planning -- concerns; considerations
Religious and cultural attitudes

23. Support within Family

To whom do family members go when in need or hurting?
Do they know of resources to meet needs?
How are family members in agreement about sources of support?

24. Communications with Outside

How aware is the family of what is happening in the community -- the world?
How is the family involved in groups other than immediate family? (Social groups, etc.)
What access does the family have to TV, radio, newspaper, etc.?

25. Communications with Outside Institutions

With schools, churches, law enforcement, local government, employers (or employees) groups

26. Education

What education or training does each family member have? desire?
What is his/her area of interest?
In what area lies the highest potential?
What is parents' perception of school-age child and his education?
How do parents attend conferences/school programs?
How do parents communicate with school concerns? Information about child? Special needs.
How does the child feel about school?

27. Legal Situations

Do you have legal concerns?
(i.e., related to divorce, alimony, child support, adoption)
Financial problems, fines, arrests, rental problems
Legal contracts?

REMINDER. The presenters stressed that while these areas may be useful, and provide a focus for discussion between staff and families, probably not all areas will be discussed with any single family, and, in any event, information will probably be obtained over a fairly long period of time.

VIII. STAFFING AND TRAINING NEEDS

The strengths of staff members and the training of staff are of critical importance in providing an effective assessment process, and, therefore, an effective program. In attempting to implement a new and unique system of child and family service delivery, CFRPs have found that the CFRP system demands highly competent, skilled staff who do not fit the traditional model of staff of most intervention programs. Experience has taught that there is no specific academic program which appropriately supplies competently trained people. The CFRP requires staff who have a variety of complex and sophisticated skills.

Skills are needed in such areas as family dynamics, counseling techniques, adult training in parenting skills, communications skills, observing and accurately recording family data, and dealing with adults in stressful situations.

What seems to be emerging is a new subcategory of professional worker which incorporates a number of truly professional skills, such as those mentioned in the previous paragraph, into a single position. The term "professional" as used here does not refer necessarily to academic preparation; it refers to competence which may be acquired in a variety of ways.

The Child and Family Resource Program, by its very nature, is involved in change; and change often means stress for the people involved. This means that stress is placed on families, individual family members, community agencies, and CFRP staff members. Care must be taken to ensure that the result of stressful situations is to produce positive outcomes for families and individuals in the program.

CFRP has created an interesting staff position which is reflective of the new subcategory of professional worker mentioned above (usually known as a family advocate or home visitor). This family advocate/home visitor develops an in-depth relationship with families, and must be supported by the entire CFRP staff. The family advocate must be sometimes supportive, sometimes therapeutic, sometimes educational, and almost always an advocate. The role demands a highly competent individual, and the advocate who fills it must be willing to work long, frequently irregular hours as he or she responds to individual, family, program, and community needs. While the responsibilities may be demanding and the financial rewards less than they should be, great satisfaction can be taken in the lasting, positive changes which this position can help bring about.

A. Staffing Needs

The staffing needs of CFRP seem to fall into three major categories: administrative/supervisory staff; family support staff; and specialist/resource staff. No attempt will be made to delineate specific job descriptions or responsibilities for these categories. Instead, general statements are made relating to the competencies which should reside in the individuals who are to occupy these various positions. The nature of the work demands a team approach with various staff members possessing complementary skills.

1. Administrative/Supervisory Staff:

   a. Management skills

   b. Planning skills

   c. Budget skills

   d. Communication skills

   e. Demonstrated sensitivity in dealing with people (intuition, empathy)

   f. Ability to understand and communicate CFRP concept

   g. Skill in training, assessment of training needs, and implementation of training design

   h. Ability to deal effectively with community agencies

   i. Ability to support growth of supervisees

   j. Evaluation skills in program development and design of evaluation system

   k. Knowledge of community structure

   l. Ability to function as member of a team

   m. Willingness and judgment to take necessary positive risks to attain program goals

2. Family Support Staff

   a. Background in human services, either through experience or academic training

   b. Competence in group dynamics

   c. Experience in child development, family development, or related social services areas

   d. Familiarity with target population and the community

   e. Skill in interpersonal relationships

   f. Skill in observation, interviewing, recording, and interpreting data

   g. Ability to maintain confidentiality

   h. Ability to function effectively in stressful situations

   i. Flexibility

j. Ability to exercise self-direction and initiative

k. Ability to function as member of a team

l. Willingness and judgment to take necessary positive risks to attain program goals

3. Specialist/Resource Staff:

a. Demonstrated expertise in area of specialization (practical as well as theoretical)

b. Knowledge of community and community resources

c. Demonstrated resourcefulness and innovation in developing community resources

d. Skill in relating to those community agencies with which the program is working

e. Ability to recognize the validity of other specialty areas and to coordinate with those areas to the benefit of the family

f. Skill in providing training in area of specialization

g. Ability to relate to and communicate with all levels of staff

h. Ability to ensure delivery of needed services in area of specialization

i. Ability to function as member of a team

j. Willingness and judgment to take necessary positive risks to attain program goals

B. Training Needs

Briefly stated, the training needs of any CFRP are directly related to the skills and known deficiencies of the current staff. Suggested initial training needs to be addressed are: communications skills, observation and recording skills, the importance of confidentiality, and knowledge of community resources. The skills and abilities listed in Section VIII.A also represent an additional base on which to build a training design. An analysis of family needs' profiles will suggest additional areas for staff training. Ideally, the training should be personalized to fit the needs of individual staff members.

It is important to state again that the competencies required to implement an effective CFRP are more complex and sophisticated than are normally found in most child development programs. The training needs, therefore, are also more complex and sophisticated. The development of relevant and continuing training is absolutely essential to the success of this program, as it is to virtually any dynamic program.

Training, to be effective, should be continuous. It is necessary to set aside a specific time, often once each week, for training. It is also beneficial to tie training in to college credit courses where possible.

C. In Conclusion

The success of this or any other program is directly related to the quality of its leadership, the competence of its staff, and the relevance of its training. The contents of this paper cannot ensure the success of any CFR Program. It is the people involved who make the difference, and it is for those people that this paper is intended to serve as a guide.